Protections re: changes in med eligibility

(b) To the extent that any changes in CCS medical eligibility are proposed by the department, there shall be a stakeholder process that shall include both of the following:
(1) A draft of the proposed regulatory changes shall be shared publicly at least 120 days prior to the filing of a regulatory change. The proposed changes shall also be shared with the appropriate policy and fiscal committees of the Legislature and posted publicly on the department’s Internet Web site.
(2) The department shall utilize existing stakeholder committees to receive input and comments on any proposed changes and shall provide written comments back after input is provided. This input may be provided to all stakeholders, including, but not limited to, advocates, clinical experts, associations, county CCS program administrators, families, and CCS providers.

Written transition plan for transfer of UM from county to plan

... case management, care coordination, provider referral, and service authorization administrative functions of the CCS program shall then be the responsibility of the Medi-Cal managed care health plan in accordance with Section 14094.13 and a written transition plan prepared by the designated county agency and the Medi-Cal managed care health plan. The director shall provide an implementation date for the transition and identify how the state shall continue to fulfill the requirements set forth in Sections 123855, 123925, and 123960.

County keeps med eligibility and kids exempt from mandatory enrollment in plans

CCS program eligibility determination shall remain the responsibility of the designated county agency in accordance with the provisions of this article.

The case management, care coordination, provider referral, and service authorization functions of the CCS program shall remain the responsibility of the county for CCS beneficiaries exempt from mandatory enrollment in the Medi-Cal managed care plan.

MTP stays with county MTP

The CCS Medical Therapy program shall remain responsible for the provision of medically necessary occupational and physical therapy services prescribed by the CCS Medical Therapy Unit

Development of “unique pediatric plan, performance standards and measurements” including health outcomes for CSHCN

In following the treatment plan developed in accordance with CCS program requirements, the managed care contractor shall ensure the timely referral of children with special health care needs to CCS-paneled providers who are board-certified in both pediatrics and in the appropriate pediatric subspecialty.

The department, in consultation with stakeholder groups, shall develop unique pediatric plan performance standards and measurements, including, but not limited to, the health outcomes of children with special health care needs.
The managed care contractor shall report expenditures and savings separately for CCS covered services and CCS eligible children, in accordance with paragraph (1) of subdivision (d) of Section 14093.05.
Extends CCS carve-out till 1/1/22 and completion of indep eval of WCM

14094.3. (a) Notwithstanding this article or Section 14093.05 or 14094.1, CCS covered services shall not be incorporated into any Medi-Cal managed care contract entered into after August 1, 1994, pursuant to Article 2.7 (commencing with Section 14087.3), Article 2.8 (commencing with Section 14087.5), Article 2.9 (commencing with Section 14088), Article 2.91 (commencing with Section 14089), Article 2.95 (commencing with Section 14092); or either Article 1 (commencing with Section 14200), or Article 7 (commencing with Section 14490) of Chapter 8, until January 1, 2022, and until the evaluation required pursuant to Section 14094.18 has been completed, except for contracts entered into pursuant to the Whole Child Model program, as described in Article 2.985 (commencing with Section 14094.4), or for county organized health systems or Regional Health Authority in the Counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and Napa.

Defines "CCS provider" to include CCS-approved acute hospitals and ssccs

(a) “CCS provider” means any of the following:
(1) A medical provider that is paneled by the CCS program to treat a CCS-eligible condition pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.
(2) A licensed acute care hospital approved by the CCS program to treat a CCS-eligible condition.
(3) A special care center approved by the CCS program to treat a CCS-eligible condition.

Specifies 21 COHS counties included

Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo.

Readiness requirements

Prior to the implementation of the Whole Child Model, the department shall do all of the following:
(1) Develop specific CCS program monitoring and oversight standards for managed care plans that are subject to this article, including access monitoring, quality measures, and ongoing public data reporting.
(2) Establish a stakeholder process pursuant to Section 14094.17.
(3) Consult with the statewide stakeholder advisory group established pursuant to Section 14094.17 to develop and implement robust monitoring processes to ensure that managed care plans are in compliance with all of the provisions of this section. The department shall monitor managed care plan compliance with the provisions of this section on at least an annual basis and post CCS-specific monitoring dashboards on its Internet Web site on at least an annual basis.
(3) The Medi-Cal managed care plan establishes a local stakeholder process with the meaningful engagement of a diverse group of families that represent a range of conditions, disabilities, and demographics, and local providers, including, but not limited to, the parent centers, such as family resource centers, family empowerment centers, and parent training and information centers, that support families in the affected county.
(4) The director has verified the readiness of the managed care plan to address the unique needs of CCS-eligible beneficiaries, including, but not limited to, the requirements set forth in subdivision (b) of Section 14087.48, subdivisions (b) to (f), inclusive, of Section 14093.05, and all of the following:
(A) That the managed care contractor has demonstrated the availability of an appropriate provider network to serve the needs of children and youth with CCS conditions, including primary care physicians, pediatric
specialists and subspecialists, professional, allied, and medical supportive personnel, licensed acute care hospitals, and special care centers.

(B) That the Medi-Cal managed care plan has established and maintains an updated and accessible listing of providers and their specialties and subspecialties and makes it available to CCS-eligible children and youth and their parents or guardians, at a minimum by phone, written material, and Internet Web site.

(C) That the Medi-Cal managed care plan has entered into an agreement with the county CCS program or the state, or both, for the transition of CCS care coordination and service authorization and how the plan will work with the CCS program to ensure continuity and consistency of CCS program expertise for that role, in accordance with this section.

(e) A Medi-Cal managed care plan, prior to implementation of the Whole Child Model program, shall review historical CCS fee-for-service utilization data for CCS-eligible children and youth upon transition of CCS services to managed care plans so that the managed care plans are better able to assist CCS-eligible children and youth and prioritize assessment and care planning.

COHS provider network analysis required

The department shall analyze the existing Medi-Cal managed care delivery system network and the CCS fee-for-service provider networks to determine the overlap of the provider networks in each county and shall furnish this information to the Medi-Cal managed care plan.

Access to maintenance and transportation

Ensure that children and youth and their families have appropriate access to transportation and other support services necessary to receive treatment.

12-month continuity of care with right to appeal

14094.13. (a) Each Medi-Cal managed care plan shall establish and maintain a process by which a CCS-eligible child or youth may maintain access to CCS providers that the child or youth has an existing relationship with for treatment of the child’s or youth’s CCS condition for up to 12 months, under the following conditions:

(1) The CCS-eligible child or youth has seen the out-of-network CCS provider for a nonemergency visit at least once during the 12 months immediately preceding the date the Medi-Cal managed care plan assumed responsibility for the child’s or youth’s CCS care under the Whole Child Model program.

(2) The CCS provider accepts the health plan’s rate for the service offered or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless the CCS provider enters into an agreement on an alternative payment methodology mutually agreed to by the CCS provider and the Medi-Cal managed care plan.

(3) The managed care plan confirms that the provider meets applicable CCS standards and has no disqualifying quality of care issues.

(4) The CCS provider provides treatment information to the Medi-Cal managed care plan, to the extent authorized by the state and federal patient privacy provisions.

A family or caregiver of a child or youth may appeal the continuity of care limitation in subdivision (a) to the director or his or her designee.

Extension of access to currently prescribed drugs without need for new trial

(2) Each Medi-Cal managed care plan shall permit a CCS-eligible child or youth transitioned into the Whole Child Model program to continue use of any currently prescribed prescription drug that is part of a prescribed therapy for the enrollee’s CCS-eligible condition or conditions immediately prior to the date of enrollment, whether or not the prescription drug is covered by the plan, until the Medi-Cal managed care plan and the
child’s or youth’s prescribing CCS provider has completed an assessment of the child or youth, created a
treatment plan, and agrees with the Medi-Cal managed care plan that the particular prescription drug is no
longer medically necessary, or the prescription drug is no longer prescribed by the enrollee’s CCS provider.

**Option for families/youth to elect to keep CCS nurse case manager**

(e) Each Medi-Cal managed care plan participating in the Whole Child Model program shall ensure that
children and youth are provided expert case management, care coordination, service authorization, and
provider referral services. Each plan shall meet this requirement by, at the request of the child, youth, or his or
her parent or guardian, allowing the child or youth to continue to receive case management and care
coordination from his or her public health nurse. This election shall be made within 90 days of the transition of
CCS services into the Medi-Cal managed care plan. A plan shall meet this requirement by either or both of the
following:

**Requirement to use CCS guidelines and approved providers**

A Medi-Cal managed care plan shall meet all of the following requirements:
(a) Use all current and applicable CCS program guidelines, including CCS program regulations, CCS
numbered letters, and CCS program information notices in developing criteria for use by the plan’s chief
medical officer or the equivalent and other care management staff.
(b) In cases in which applicable CCS clinical guidelines do not exist, use evidence-based guidelines or
treatment protocols that are medically appropriate given the child’s CCS-eligible condition.
(c) Utilize only CCS providers to treat CCS conditions in any circumstance in which the child’s CCS-eligible
condition requires treatment from the provider types in paragraph (1), (2), or (3) of subdivision (a) of Section
14094.4, except a plan may use an out-of-state provider if an in-state CCS provider does not possess the
clinical expertise to appropriately treat the CCS condition of the child or youth.

**Separate and distinct rate for CCS children**

14094.16. (a) The department shall pay any managed care plan participating in the Whole Child Model
program a separate, actuarially sound rate specifically for CCS children and youth, to the extent that an
actuarially sound rate can be developed for the managed care plan’s CCS population.

**CCS provider rates must equal or exceed current FFS rates**

(b) Medi-Cal managed care plans shall pay physician and surgeon provider services at rates that are equal to
or exceed the applicable CCS fee-for-service rates, unless the physician and surgeon enters into an
agreement on an alternative payment methodology mutually agreed to by the physician and surgeon and the
Medi-Cal managed care plan

**Mandates plan local CCS family advisory group**

(b) (1) Each Medi-Cal managed care plan participating in the Whole Child Model program shall establish a
family advisory group for CCS families.

**Requirement for independent evaluation of WCM to Legislature by 2021**
(1) The department shall contract with an independent entity that has experience in performing robust program evaluations to conduct an evaluation to assess Medi-Cal managed care plan performance and the outcomes and the experience of CCS-eligible children and youth participating in the Whole Child Model program, including access to primary and specialty care, and youth transitions from Whole Child Model program to adult Medi-Cal coverage. (2) The department shall provide a report on the results of this evaluation required pursuant to this section to the Legislature by no later than January 1, 2021.